To,

The Labor Commissioner/Competent Authority
O/o, The Commissioner of Labor, 'Kamgar Bhavan'
C-20, E-Block, Opp. Reserve Bank , Bandra Kulra Complex,
Bandra (E), Mumbai 400051, Maharastra

Subject: Submission of Annual Return for the year ending 31st December 2025 prescribed under The Maharashtra Maternity Benefits Rules, 1965 in respect of "_____"

Dear Sir/Madam,

We are submitting the **"Annual Returns"** in **"Form 11"** for the period ending on **31st December, 2025** as prescribed under **The Maharashtra Maternity Benefits Rules, 1965** in respect of **"M/s _____**situated at **_____**

You are requested to kindly consider the same in your records & acknowledge the receipt.

Thanking you,

Yours Truly,

For **_____**

Authorized Signatory
Encl: As stated above

Form 11

[See Rule 15]

Maternity Benefit Act, 1961

Return to be submitted to the competent authority every year 2025

1	Name and Address of the establishment	
2	Name of the Employer	
3	Name of the Manager	
4	Year Ending	31st December, 2025
5	Average Number of Women employed daily	
6	Number of women who claimed maternity benefit during under section 6 of the maternity benefit act	
7	Number of women who were paid maternity benefit for actual birth	
8	Number of other persons who were paid maternity benefit under section 7 of the maternity benefit act, 1961	
9	Total amount of maternity benefit paid	
10	Amount of medical bonus paid	

Place: Mumbai

Date: **Authorised Signatory**